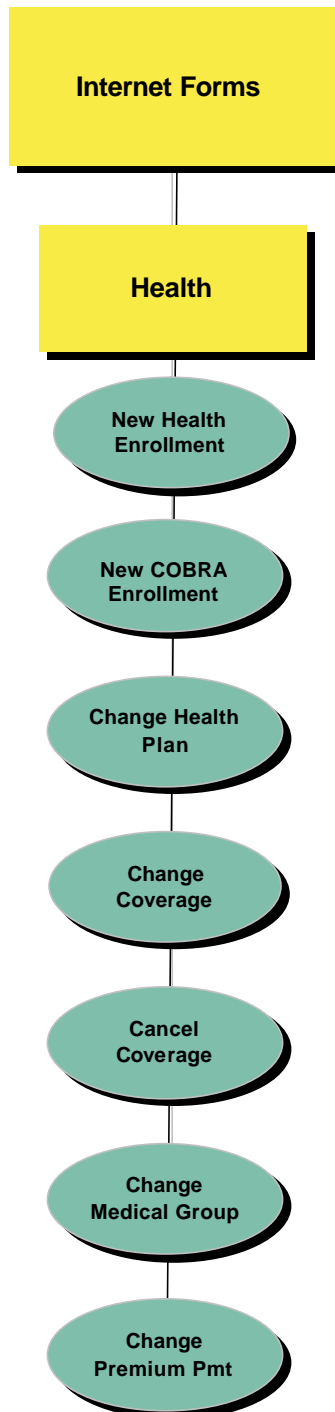## INTERNET FORMS: HEALTH

The **Internet Forms Health** function allows employers to submit new enrollment and change information related to a Participant's health benefits. Click on **Internet Forms**, then the **Health** folder to see the functions available to you, as shown in the diagram below.

```
                    Internet Forms

                        Health

                    New Health
                    Enrollment

                    New COBRA
                    Enrollment

                   Change Health
                       Plan

                      Change
                     Coverage

                      Cancel
                     Coverage

                      Change
                   Medical Group

                      Change
                   Premium Pmt
```

New Health Enrollment

Use **New Health Enrollment** to enroll a Participant in Health coverage if the qualifying appointment already exists.

> If this is an entirely new Participant to your agency (i.e., the Participant does not already have an appointment with your organization), use the Internet Forms: **New Enrollment** screen.

1. Select the **Health** folder under Internet Forms on the Navigation Tree. Click **New Health Enrollment**.
2. Enter the Participant's SSN and click **Get Data** or press **Enter**.
3. If there are multiple appointments on file, select the appropriate one by clicking on the Effective Date. Continue by entering the Health Enrollment information (*green /bold /italic* fields are required):
   - ***Health Event Reason***
   - ***Event Date***
   - ***Health Benefits Officer (HBO) Received Date***
   - ***Health Event Effective Date***

4. Click **Get MedPlan.** This queries ACES for all Medical Groups and Health Plans effective for the ZIP code on the health event effective date (this includes future effective dates) and populates the *Plan Name* drop-down list for selection.

5. Continue to enter Health Enrollment information:
   - *Plan Name* (Select available plan from drop-down list)
   - *Party Rate* (See Glossary or on-line Help for definition)
   - Eligibility ZIP (Complete this field only if Residence or Employer ZIP used for eligibility is different from mailing ZIP code)
   - ER Address (Check this box when the enrollment is based on the Employer's ZIP Code)
   - Primary Care Physician
   - Coverage Type (The default is Basic)
   - *Medical Group* (State Agencies will not see this field. This applies to public agency and school district employees only; the recognized employee group associated with the contract (resolution) for health benefits.)
   - Spouse SSN (Required if married or registered domestic partner, unless spouse or domestic partner will also be a dependent on Participant's Health coverage; in that case their SSN is entered in Add Dependent [see Step 7])
   - Qualifying SSN (Required when enrolling in own right due to loss of other CalPERS coverage)

6. If the Participant has dependents to enroll, go to Step 7. If there are no dependents to enroll, click **Save**.

7. At Health Enrollment – Dependent(s), enter dependent information as follows (*green /bold /italic* fields are required):
    *   Social Security Number (Required for spouse or domestic partners. Users are encouraged to enter SSNs for all dependents)
    *   ***First Name***
    *   Middle Name/Initial
    *   ***Last Name***
    *   Name Suffix
    *   ***Gender***
    *   ***Birth Date***
    *   ***Relationship***
    *   ***Coverage Type*** (the default is basic)
    *   Primary Care Physician

8. When you have entered all *green /bold /italic* information and all applicable optional information for the dependent, click **Add to List**.   *If this step is skipped, dependent information will not be sent to CalPERS.*
    *   If this is the only dependent to be added, go to Step 11
    *   To enroll additional dependents, repeat Steps 7 and 8
    *   If you want to correct or change information after you have clicked **Add to List**, go to Step 9

Don't forget to submit your batch via View/Manage Batch!

9. To make changes to a dependent you have just added (but not yet saved), click on the <u>dependent name</u>. When information previously entered appears, make desired changes. Click **Update List**.

10. To delete a dependent you have just added to the dependent list (but not yet saved), click on <u>dependent name</u>. The information previously entered for this dependent appears. Click **Delete from List**.

11. When all adds/changes/deletes are completed, click **Save**.

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New COBRA Enrollment

1. From the Health folder in the Navigation Tree, select **New COBRA Enrollment**.

2. Enter the COBRA participant's SSN, Health Event Effective Date, and Birth Date. Click **Get Data** or press **Enter**.

3. Verify or enter the following (**_green /bold /italic_** fields are required):
   - First name
   - Middle name/initial
   - **_Last name_**
   - Name suffix
   - **_Gender_**
   - Employee's (EE) daytime telephone number

4. Verify or enter Participant's address.
   - Domestic or Foreign Address Type (the default is Domestic)
   - **_Address Type_** (the default is Mailing)
   - Supplemental Address Type
   - Supplemental Address Line (prints above address line to be used with Supplemental Address Type)
   - **_Street Address /PO Box_**
   - Additional Address Line
   - **_City_**
   - **_State_**
   - **_ZIP_** (only first five digits are required)
5. Click **Health**.

6. Enter the COBRA Health Enrollment information (*green /bold /italic* fields are required):

- *Health Event Reason*
- *Event Date*
- *Health Benefits Officer (HBO) Received Date*
- *Plan Name* (ACES provides a list of all plans, including plans which may not be in participant's ZIP code)
- *Party Rate* (See Glossary or on-line Help for definition)
- *Eligibility Basis* (This field will appear if the Health Event Reason Code selected is 131, 132, 137, or 138. Leave at the default "COBRA Qual Subscriber" [This does not become a required field for dependents.])
- Eligibility ZIP (Complete this field only if necessary to qualify for a specific plan or if different from mailing ZIP code)
- ER Address (Check this box when the enrollment is based on the Employer's ZIP code)
- Primary Care Physician
- Coverage Type (The default is Basic)
- Spouse SSN (Required if married or registered domestic partner, unless spouse or domestic partner will also be a dependent on Participant's Health coverage; in that case their SSN is entered in Add Dependent [see Step 7])

- COBRA Start Date (This field will populate based on the information in Step 2. This is not a changeable field)
- *COBRA End Date* (COBRA Beginning and Ending Date information can be accessed by clicking on **Screen Help,** scrolling to Step 15 and clicking on the COBRA End Date link)

- Enter Qualifying SSN if the enrollment is for a dependent. The Qualifying SSN is the Social Security Number of the Employee.

7. If enrolling dependents, scroll down and add dependents or update the coverage type for existing dependents on the list. For additional information about adding dependents, see the New Health Enrollment section in this User Guide.

8. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Health Plan

Change Health Plan allows you to change an existing Participant's health plan. Use this when you receive a Participant request to change based on a geographical relocation or requests to change received during open enrollment.

1. Open the Internet Forms folder, and click on **Health**, then on **Change Health Plan**.

2. Enter Participant SSN and click **Get Data** or press **Enter**.

3. Enter/edit the following information (*green /bold /italic* fields are required):
   - *Health Event Reason* (Select the reason code from the drop-down list)
   - *Event Date* (Enter the open enrollment date or date of relocation)
   - *HBO Received Date* (Enter date the request was received by employer)
   - *Health Event Effective Date* (Enter the effective date of change)

4. Click **Get Plan**. This queries the system for all available Health Plans effective on the effective date and populates the *Plan Name* drop-down list. This includes future effective dates.

5. Enter/edit the following information (fields in *green /bold /italic* required):

- ***Plan Name*** (The current plan will populate. Select the new plan)
- Party Rate (This field is not changeable)
- Eligibility ZIP (Complete this field only if Residence or Employer ZIP used for eligibility is different from mailing ZIP code)
- ER Address (Check this box if the Eligibility ZIP is the Employer's ZIP Code)
- Primary Care Physician

6. To add a dependent's Primary Care Physician information, check the box next to the dependent(s), and enter/edit the Primary Care Physician.

7. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Coverage

The **Change Coverage** screen is used to submit a change to a Participant's and/or dependent's coverage type (i.e., from Basic to Medicare).

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click on **Change Coverage**.
2. Enter the Participant's SSN and click **Get Data** or press **Enter**.

3. Enter/edit the following information (*green /bold /italic* fields are required):
   - *Health Event Reason* (Select the reason code from the drop-down list)
   - *Event Date* (e.g., Medicare effective date)
   - *HBO Received Date* (Enter the date the request was received by employer)
   - *Health Event Effective Date* (Enter the effective date of the change)
   - Plan Name (This field is not changeable)
   - Party Rate (Defaults to current party rate – not an editable field)

- ***Participant Coverage*** (If this change is for the Participant, select appropriate coverage type and proceed to Step 6. If change is for a dependent, select coverage type of basic, and go to Step 4)

4. Click the box next to the appropriate dependent to place a check mark in the Select column.

5. Select **Coverage** type from drop-down list.

6. When all Participant and dependent coverage changes have been made, click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Cancel Coverage

The **Cancel Coverage** screen is used to cancel a Participant's health coverage.

1. Open the Internet Forms folder, and click on **Health**, then on **Cancel Coverage**.

2. Enter Participant's SSN and click **Get Data** or press **Enter**.

3. Enter/edit the following information (*green /bold /italic* fields are required):
    -   *Health Event Reason* (Select the reason code from the drop-down list)
    -   *Event Date* (e.g., date of Participant's request)
    -   *HBO Received Date*. Enter date the request was received by employer.
    -   *Health Event Effective Date* (Enter the effective date of change)
    -   Plan Name (This field is not changeable)
    -   Party Rate (This field is not changeable)
4. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Medical Group

Use the **Change Medical Group** function to change the medical group (recognized employee group) for a Participant who is an employee of a public agency or school district. (State Agencies will not use this function. This applies to public agency and school district employees only; the recognized employee group associated with the contract (resolution) for health benefits.)

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click **Change Medical Group**.
2. Enter Participant's SSN and click **Get Data** or press **Enter**.
3. Enter the *Medical Group Effective Date*.
4. Click **Get Med Group**. This will query the system for all available Medical Groups for the effective date (including a future effective date) and populate them in the drop-down list for selection.
5. Select the participant's *Medical Group* (recognized employee group).
6. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Premium Payment

Changes a Participant's method of premium payment to or from regular payroll or direct pay. Payment method changes are usually the result of a Participant going on or returning from a leave of absence.

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click **Change Premium Payment.**

2. Enter Participant's SSN and click **Get Data** or press **Enter**.
3. Enter/edit the following information (*green /**bold** /italic* fields are required):
   - ***Health Event Reason*** (Select the reason code from the drop-down list)
   - Premium Payment Method (This field populates automatically after Health Event Reason is selected)
   - ***Event Date***
   - ***HBO Received Date*** (Enter the date the request was received by employer)
   - ***Health Event Effective Date*** (Enter the effective date of change)
   - Plan Name (This field is not changeable)
   - Party Rate (This field is not changeable)
4. Click **Save.**

Don't forget to submit your batch via View/Manage Batch!

Please Note: If the employee is on leave without pay and does not wish to continue health coverage by Direct Pay of premiums, a cancellation of coverage must be processed using Reason Code 533.
Upon return to work with pay, a new enrollment must be processed using Reason Code 160.